

# Emergency Service Equipment Status Report

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Equipment Status Report

## Equipment Status Overview

Equipment Name	Status	Last Inspected	Notes
Fire Extinguisher	Operational	[Last Inspection Date]	Ready for use
Defibrillator	Needs Maintenance	[Last Inspection Date]	Batteries expired
First Aid Kit	Operational	[Last Inspection Date]	All supplies are stocked

## Recommendations

It is recommended that the defibrillator be serviced immediately to ensure it is operational.

## Conclusion

Please feel free to reach out if you have any questions or need further information regarding the equipment status.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]